

I N F E C T I O U S D I S E A S E S



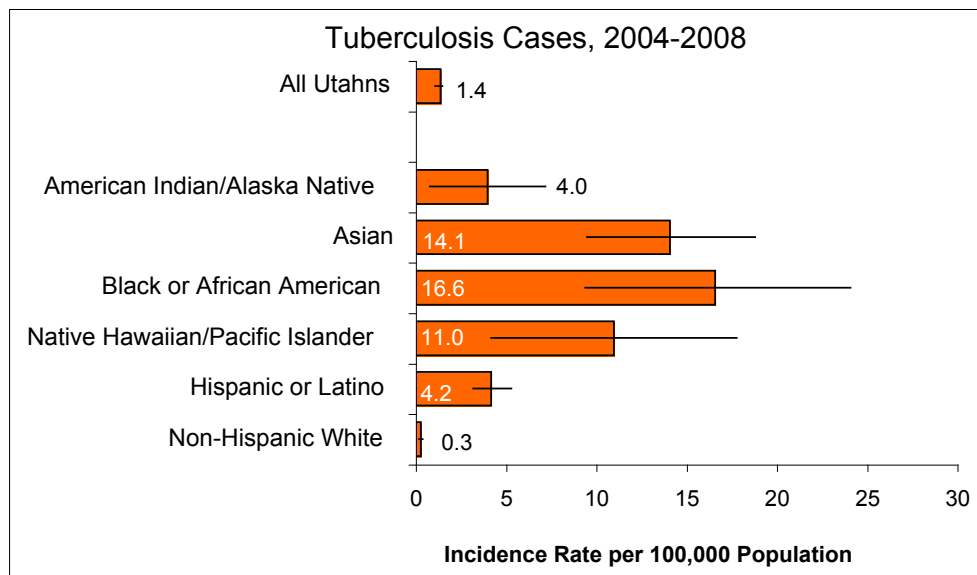
Tuberculosis

Why Is It Important?

Tuberculosis (TB) usually attacks the lungs but may attack any part of the body. TB is spread through the air by breathing the germs of a person with active TB. People who have latent TB infection do not feel sick, do not have any symptoms and cannot spread TB but may develop active TB disease in the future.⁸⁷

How Are We Doing?

- There were 1.4 new cases of TB in Utah per 100,000 population from 2004 to 2008.
- This rate is significantly lower than the U.S. tuberculosis incidence rate.⁸⁷
- Asian, Black/African American, Native Hawaiian/Pacific Islander and Hispanic/Latino Utahns had significantly higher rates of TB than all Utahns.
- Non-Hispanic White Utahns had a significantly lower rate of TB than all Utahns.
- 67% of persons diagnosed with TB in Utah were born outside of the U.S. and 90% of Black/African American persons with TB were individuals from Africa.⁸⁷
- 15% of TB cases had resistance to one or more anti-tuberculosis medications.⁸⁷
- HIV infection is the strongest risk factor for progression of latent TB infection to active TB disease. Of persons with TB in Utah, 5% were also infected with HIV.⁸⁷



How Can We Improve?

People who have been around someone who has TB disease should go to their health care provider or local health department for a tuberculin skin test. Early detection and treatment of TB are essential to control the spread of disease. To ensure effective treatment and prevent drug-resistant strains of TB bacteria, all patients with active TB disease are placed on directly observed therapy, where a health care worker watches the patient swallow each dose of TB medication. Because most people diagnosed with TB are from outside the

Utah Tuberculosis Cases, 2004-2008

Race/Ethnicity	Average Annual # of Cases	Average Annual Population	Crude Rate per 100,000 (95% CI Range)	Sig.*
All Utahns	33	2,622,651	1.4 (1.2- 1.6)	n/a
American Indian/Alaska Native	1	29,965	4.0 (0.8- 7.2)	
Asian	7	49,671	14.1 (9.4- 18.8)	↑
Black or African American	4	24,143	16.6 (9.3- 23.9)	↑
Native Hawaiian/Pacific Islander	2	18,230	11.0 (4.1- 17.7)	↑
Hispanic or Latino	12	294,290	4.2 (3.2- 5.3)	↑
Non-Hispanic White	6	2,170,949	0.3 (0.2- 0.4)	↓

Source: UDOH Bureau of Epidemiology. Population Estimates: Governor's Office of Planning and Budget. Estimates are based on 2008 baseline economic and demographic projections.

* The rate for each racial/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

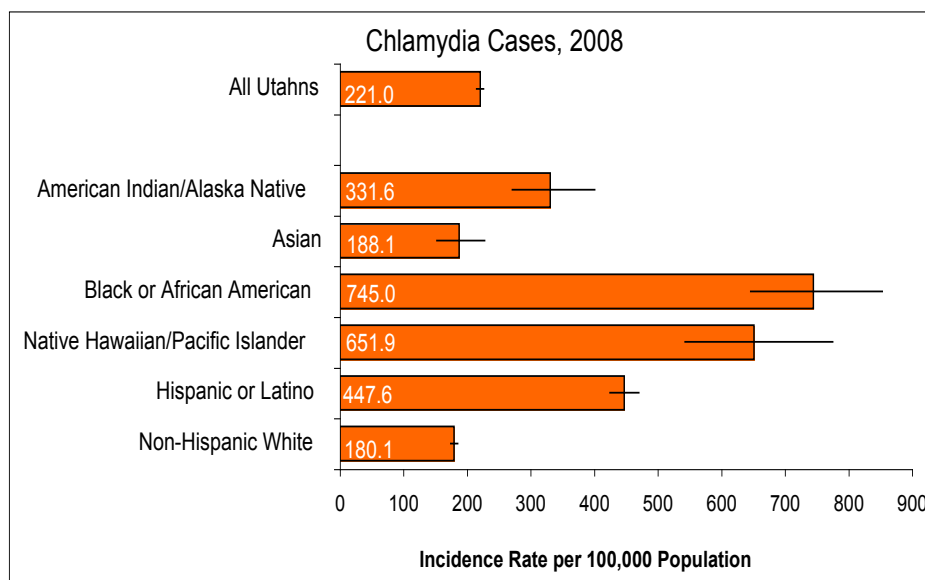
Note: Individuals were classified into only one racial/ethnic category.

U.S., the UDOH, TB Control and Refugee Health Program provides comprehensive health exams to all refugees within the first 30 days after arriving in the U.S., case management for refugees diagnosed with a communicable disease, and preventive health services. The Program also offers medical interpreter training free of charge to qualified interpreters working for health-related non-profit agencies throughout the state.

Chlamydia

Why Is It Important?

Chlamydia is the most frequently reported notifiable disease in the U.S. and more than two-thirds of cases occur among people age 15-24. Untreated infections can lead to infertility. Pregnant women with chlamydia are at risk for preterm delivery and can pass the infection to their infant at birth, potentially causing eye problems and pneumonia. Untreated chlamydia in women can cause pelvic inflammatory disease and ectopic (tubal) pregnancy, which can be life-threatening conditions.^{88,89}



How Are We Doing?

- There were 221.0 new cases of chlamydia in Utah per 100,000 population in 2008.
- This rate is significantly lower than the U.S. chlamydia incidence rate.⁸⁹
- American Indian/Alaska Native, Black/African American, Native Hawaiian/Pacific Islander and Hispanic/Latino Utahns had significantly higher rates of chlamydia than all Utahns.
- Non-Hispanic White Utahns had a significantly lower rate of chlamydia than all Utahns.
- Chlamydia rates in Utah and in the U.S. have increased over the last 15 years, at least partially due to improved screening, detection, and reporting.⁸⁹

How Can We Improve?

Risk of chlamydia is reduced by not having sex or by having sex only with one uninfected partner who does not have sex with any other partners. People at risk should obtain regular sexually transmitted disease screenings.⁸⁸ For more information on testing and treatment of sexually transmitted diseases, see www.catchtheanswers.net and www.aidsinfoutah.net. Chlamydia infections commonly show no symptoms, but screening and treatment are available at local health district and community health clinics for minimal or no cost. Local public health nurses confidentially interview persons who test positive for chlamydia to

Utah Chlamydia Cases, 2008

Race/Ethnicity	# of Cases	Total Population	Crude Rate per 100,000 (95% CI Range)	Sig.*
All Utahns	6,147	2,781,954	221.0 (215.5- 226.6)	n/a
American Indian/Alaska Native	106	31,965	331.6 (271.5- 401.1)	↑
Asian	102	54,238	188.1 (153.3- 228.3)	
Black or African American	207	27,787	745.0 (646.9- 853.6)	↑
Native Hawaiian/Pacific Islander	127	19,482	651.9 (543.5- 775.6)	↑
Hispanic or Latino	1,510	337,353	447.6 (425.3- 470.8)	↑
Non-Hispanic White	4,090	2,271,077	180.1 (174.6- 185.7)	↓

Source: UDOH Bureau of Epidemiology. Population Estimates: Governor's Office of Planning and Budget. Estimates are based on 2008 baseline economic and demographic projections.

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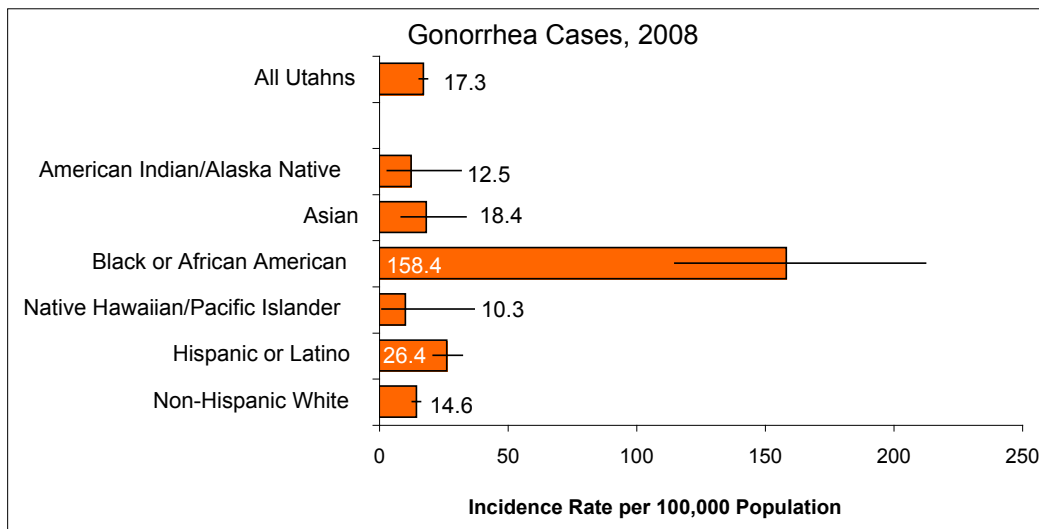
Note: Individuals were classified into only one racial/ethnic category.

educate the patient, ensure proper treatment, and obtain sexual partner information for follow-up. This process helps prevent disease spread and patient reinfection. The UDOH, HIV, STD and Viral Hepatitis C Prevention Program provides STD presentations, upon request, to a variety of organizations. Utah law allows adolescents ages 14-17 to be tested and treated for a sexually transmitted disease without parental consent.⁸⁹

Gonorrhea

Why Is It Important?

Untreated gonorrhea can lead to infertility in both men and women. Pregnant women with gonorrhea are at risk for preterm delivery and can pass the infection to their infant at birth, potentially causing eye problems and pneumonia. Untreated gonorrhea in women can cause pelvic inflammatory disease and ectopic (tubal) pregnancy, which can be a life-threatening condition. Gonorrhea can spread to other parts of the body.^{90,91}



How Are We Doing?

- There were 17.3 new cases of gonorrhea in Utah per 100,000 population in 2008.
- This rate is significantly lower than the U.S. gonorrhea incidence rate.⁹¹
- Black/African American, and Hispanic/Latino Utahns had significantly higher rates of gonorrhea than all Utahns.
- Non-Hispanic White Utahns had a significantly lower rate of gonorrhea than all Utahns.

How Can We Improve?

Risk of gonorrhea is reduced by not having sex or by having sex only with one uninfected partner who does not have sex with any other partners. People at risk should obtain regular sexually transmitted disease screenings.⁹⁰ For more information on testing and treatment of sexually transmitted diseases, visit www.catchtheanswers.net and www.aidsinfoutah.net. Many gonorrhea infections show no symptoms, but screening and treatment are available at local health district and community health clinics for minimal or no cost. Local public health nurses confidentially interview persons who test positive for gonorrhea to educate the patient, ensure proper treatment, and obtain sexual partner information for follow-up. This process helps prevent disease spread and patient reinfection. The UDOH, HIV, STD and Viral Hepatitis C Prevention Program provides STD presentations, upon request, to a variety of organizations. Utah law allows adolescents ages 14-17 to be tested and treated for a sexually transmitted disease without parental consent.⁹¹

Utah Gonorrhea Cases, 2008

Race/Ethnicity	# of Cases	Total Population	Crude Rate per 100,000 (95% CI Range)	Sig.*
All Utahns	481	2,781,954	17.3 (15.8- 18.9)	n/a
American Indian/Alaska Native	4	31,965	12.5 (3.4- 32.0)	
Asian	10	54,238	18.4 (8.8- 33.9)	
Black or African American	44	27,787	158.4 (115.1- 212.6)	↑
Native Hawaiian/Pacific Islander	2	19,482	10.3 (1.2- 37.1)	
Hispanic or Latino	89	337,353	26.4 (21.2- 32.5)	↑
Non-Hispanic White	332	2,271,077	14.6 (13.1- 16.3)	↓

Source: UDOH Bureau of Epidemiology. Population Estimates: Governor's Office of Planning and Budget. Estimates are based on 2008 baseline economic and demographic projections.

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Note: Individuals were classified into only one racial/ethnic category.